



# BORDER CROSSING CONSENT

IJOA-E-14  
LL#121597

To Whom It May Concern;

I (We), \_\_\_\_\_ am (are) the (check one)  
(Full name(s) of person(s) with legal responsibility for the student named below)

☐ lawful custodial parent; and/or ☐ non-custodial parent(s); or ☐ legal guardian(s) of:

Child's full name: \_\_\_\_\_

Date of birth (DD/MM/YY): \_\_\_\_\_

Place of birth: \_\_\_\_\_

Canadian passport number: \_\_\_\_\_ Date of issuance: \_\_\_\_\_  
of Canadian passport (DD/MM/YY)

Place of issuance of Canadian passport: \_\_\_\_\_

\_\_\_\_\_ has my (our) consent to travel with:  
(Child's full name)

Full name of accompanying person: \_\_\_\_\_

Canadian or foreign passport number: \_\_\_\_\_

Date of issuance of passport \_\_\_\_\_ Place of issuance of passport: \_\_\_\_\_  
D/MM/YY)

to visit \_\_\_\_\_ during the period of \_\_\_\_\_  
(Name of foreign country) (Dates of travel: departure and return)

During that period, \_\_\_\_\_  
(Child's full name)

will be residing with \_\_\_\_\_  
(Name of person where child will be residing in foreign country)

at the following address: \_\_\_\_\_  
Number Street

City Country Telephone Email

Any questions regarding this consent letter can be directed to the undersigned at:

Number Street Apartment City Province \_\_\_\_\_ Canada  
Country

Telephone (Residence) Work

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Full name(s) and signature(s) of custodial parent, and/or non-custodial parent(s) or legal guardian(s))

Signed before me, \_\_\_\_\_ this \_\_\_\_\_ at \_\_\_\_\_  
(Print name of witness), (Date) (Location)

Signature: \_\_\_\_\_  
(Witness)

*This page to be retained by teacher-in-charge/supervisor.*